

# NEW OR TRANSFER LIQUOR LICENSE OR PERMIT APPLICATION

<u>To be completed by the City/Town or County Clerk:</u>			
Date Filed With Clerk: <u>3 / 18 / 2017</u>		Formerly Held by: _____	
Basic Fee:	Annual Fee \$ <u>1250.-</u>	Prorated Fee \$ _____	Applicant: <u>BIG LOST MEADERY LLC</u>
Add'l Dispensing Room Fee:	\$ _____	\$ _____	Trade Name (dba): <u>BIG LOST MEADERY</u>
Transfer Fee:	\$ _____	\$ _____	Premise Address: <u>106 S GILLETTE AVE</u>
Total License Fee Collected	\$ _____	\$ _____	Number & Street
Publishing Fee Collected:	\$ <u>40.-</u>	\$ _____	<u>GILLETTE, WY 82716</u> <u>CAMPBELL</u>
Publishing Direct Billed:	City State Zip County		
Advertising Dates (2 wks): <u>April 14 &amp; 21, 2017</u>	Mailing Address: <u>106 S GILLETTE AVE</u>		
Hearing Date: <u>5 / 16 / 17</u>	Number & Street or P.O. Box		
LICENSE TERM: <u>5 / 16 / 17</u>	<u>GILLETTE, WY 82716</u> <u>CAMPBELL</u>		
Through: <u>3 / 31 / 18</u>	City State Zip		
	Business Telephone Number: ( <u>307</u> ) <u>660-3199</u>		
	Fax Number: ( ) _____		
	E-Mail Address: <u>schikemanebiglostmeadery.com</u>		

**A copy must be immediately forwarded to:**  
**State of Wyoming Liquor Division**  
**6601 Campstool Rd.**  
**Cheyenne WY 82002-0110**

**LICENSING AUTHORITY:** Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

FILING FOR	TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)	To Assist the Liquor Division with scheduling inspections:
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> TRANSFER LOCATION <input type="checkbox"/> TRANSFER OWNERSHIP	RETAIL LIQUOR LICENSE <input type="checkbox"/> ON-PREMISE ONLY (BAR) <input type="checkbox"/> OFF-PREMISE ONLY (PACKAGE STORE) <input checked="" type="checkbox"/> COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE) <input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> BAR AND GRILL LIMITED RETAIL (CLUB) <input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <input type="checkbox"/> DISTILLERY SATELLITE <input type="checkbox"/> WINERY SATELLITE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT	<b>WHEN DO YOU OPERATE?</b> <input type="checkbox"/> NON-OPERATIONAL/PARKED <input checked="" type="checkbox"/> FULL TIME (e.g. Jan through Dec) <input type="checkbox"/> SEASONAL/PART-TIME (specify months of operation) from _____ to _____ DAYS OF WEEK (e.g. Mon through Sat) <u>TUESDAY - SATURDAY</u> HOURS OF OPERATION (e.g. 10a - 2a) <u>TUE - FRI (3p-11p), SAT (11a-11p)</u>
<b>FILING IN (CHOOSE ONLY ONE)</b> <input checked="" type="checkbox"/> CITY OF <u>GILLETTE</u> <input type="checkbox"/> COUNTY OF _____		
<b>FILING AS (CHOOSE ONLY ONE)</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> ORGANIZATION <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LLP		

## 1. DISPENSING ROOM DESCRIPTION WITH DIMENSIONS:

(a) Give a description with dimensions of the dispensing room and state where it is located within the building (e.g. 10 x 12 room in SE corner of building). Please provide a drawing of the establishment that includes the dispensing room: W.S. 12-4-102(a)(i)

12'x19' Room LOCATED IN SOUTH EAST CORNER OF 1ST FLOOR

(b) If Winery or Microbrewery, also list the manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

MFG: \_\_\_\_\_

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(d) Provide the legal description and the zoning of the site where the applicant will conduct business:

SUBDIVISION -1150, "ORIGINAL TOWN"; LOT -3; HOUSE-106; BLOCK-3; ON .08 ACRES. ZONED Assembly

## 2. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(1) **OWN** the building in which sales room is located?

☐ YES (own)

(2) **LEASE** the building in which sales room is located?

☒ YES (lease)

(A) **DATE** lease expires 1/31/2019 located on page 1 paragraph 2.1 of lease document.

(B) Provision for **SALE** of alcoholic or malt beverages located on page 3 paragraph 5.2 of lease.

**NOTE:** Please submit a copy of the lease with the application. W.S. 12-2-103(a)(iii) requires the lease be valid THROUGH the TERM OF THE LICENSE and MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.



3. Have you already assigned, leased, transferred or do you intend to assign, lease, transfer, contract or in any other manner agree with any person or firm other than yourself as licensee to operate and assert control or partial control of the license and the licensed room to carry on the licensed liquor business? ☐ YES ☒ NO
4. Does any manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm: W.S. 12-5-401, 12-5-402, 12-5-403
- (a) Hold any interest in the license applied for? ☒ YES ☐ NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in your business? ☐ YES ☒ NO
- (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? ☐ YES ☒ NO
- (d) If you answered YES to any of the above, explain fully and submit any documents in connection therewith: WE ALSO HOLD A WINERY LICENSE + MICROBREWERY LICENSE
5. Does the applicant have any interest or intent to acquire an interest in any other liquor license issued by this licensing authority? W.S. 12-4-103(b) ☒ YES ☐ NO  
If "YES", explain: WINERY + MICROBREWERY
6. Is the applicant a mayor, member of a city or town council, or member of the board of county commissioners within the jurisdiction of this licensing authority? W.S. 12-4-103(a)(i) ☐ YES ☒ NO
7. Is the applicant employed by the State, City or Town, or County as a law enforcement officer, or hold office as a law enforcement officer through election? W.S. 12-4-103(a)(ii) ☐ YES ☒ NO

**RESTAURANT OR BAR AND GRILL LICENSE:**

8. Have you submitted a valid food service permit? W.S. 12-4-407(a)/W.S. 12-4-413(a) ☐ YES ☐ NO

**RESORT LICENSE:**

9. Does the resort complex:
- (a) Have an actual valuation of at least one million dollars, or have you committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) ☐ YES ☐ NO
- (b) Include a restaurant and a convention facility which will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) ☐ YES ☐ NO
- (c) Include motel, hotel or privately owned condominium, town house or home accommodations approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) ☐ YES ☐ NO
- (d) If no on question (c), have a ski resort facility open to the general public in which you have committed or expended at least one million dollars (\$1,000,000.00)? W.S. 12-4-401(b)(iv) ☐ YES ☐ NO

**MICROBREWERY LICENSE:**

10. Will the license be held in conjunction with another liquor license? W.S. 12-4-412(b)(iii) ☐ YES ☐ NO
- (a) If "YES", please specify type: ☐ RETAIL ☐ RESTAURANT ☐ RESORT  
☐ BAR AND GRILL ☐ MICROBREWERY ☐ WINERY
11. (a) Do you self distribute your products? W.S. 12-2-201(a) ☐ YES ☐ NO  
(Requires additional licensing with the Liquor Division)
- (b) Do you distribute your products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires additional licensing with the Liquor Division) ☐ YES ☐ NO

**WINERY LICENSE:**

12. Will the license be held in conjunction with another liquor license? W.S. 12-4-412(b)(iii) ☐ YES ☐ NO
- (a) If "YES", please specify type: ☐ RETAIL ☐ RESTAURANT ☐ RESORT  
☐ BAR AND GRILL ☐ MICROBREWERY ☐ WINERY

**LIMITED RETAIL (CLUB) LICENSE:**

13. **FRATERNAL CLUBS** W.S. 12-1-101(a)(iii)(B)
- (a) Has the fraternal organization been actively operating in at least thirty-six (36) states? ☐ YES ☐ NO
- (b) Has the fraternal organization been actively in existence for at least twenty (20) years? ☐ YES ☐ NO

**LIMITED RETAIL (CLUB) LICENSE:**

14. **VETERANS CLUBS** W.S. 12-1-101(a)(iii)(A):
- (a) Does the Veteran's organization hold a charter by the Congress of the United States? ☐ YES ☐ NO
- (b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? ☐ YES ☐ NO



LIMITED RETAIL (CLUB) LICENSE:

15. SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E):

- (a) Do you have more than one hundred (100) bona fide members who are residents of the county in which the club is located?

☐YES ☐NO
- (b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state?

☐YES ☐NO
- (c) Is the club qualified as a tax exempt organization under the Internal Revenue Service?

☐YES ☐NO
- (d) Has the club been in continuous operation for a period of not less than one (1) year?

☐YES ☐NO
- (e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues?

☐YES ☐NO
- (f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club?

☐YES ☐NO
- (g) Have you filed a true copy of your bylaws with the local licensing authority and the Wyoming Liquor Division?

☐YES ☐NO
- (h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License?

☐YES ☐NO
- (THE PETITION MUST BE ATTACHED TO APPLICATION)

☐YES ☐NO
- (i) Have you filed with the licensing authority and the Wyoming Liquor Division a detailed statement of your activities during the preceding year which were undertaken or furthered in pursuit of the objectives of the club, along with an itemized statement expended for such activities?

☐YES ☐NO

LIMITED RETAIL (CLUB) LICENSE:

16. GOLF CLUBS W.S. 12-1-101(a)(iii)(D):

- (a) Do you have more than fifty (50) bona fide members?

☐YES ☐NO
- (b) Do you own, maintain, or operate a bona fide golf course together with clubhouse?

☐YES ☐NO

17. (a) If applicant is filing as an Individual or Partnership: W. S. 12-4-102 (a) (ii) & (iii)  
Each individual or partner must complete this section.

If the applicant is filing as a Club:  
Each officer must complete this section.

True and Correct Name	Date of Birth	DONOT LIST PO BOXES Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

(b) If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete this section.

True and Correct Name	Date of Birth	DONOT LIST PO BOXES Residence Address No. & Street City, State & Zip	Residence Phone Number	No. of Years in Corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
SAMUEL ROBERT CLIKEMAN	10/11/86	2207 B.G. LOST DR SILVER WY 82718	307-660-3199	3	90	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
ROBERT CHRISTOPHER HEWITT-GAFFNEY	11/12/87	5806 KIMBER DR SILVER WY 82718	307-680-7344	1	10	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)



OATH OR VERIFICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, or **TWO (2)** Club Officers.) W.S. 12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

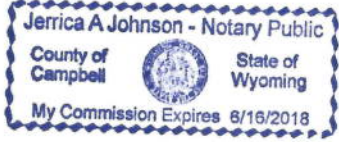
STATE OF WYOMING)

COUNTY OF Campbell SS.

Before Me, Jerrica A. Johnson, (specify)  
(Printed name of Notary or other officer authorized to administer oaths)

a Notary Public, Officer authorized to administer oaths in and for  
Campbell County, State of Wyoming, personally appeared  
Samuel R. Clikeman name he/she being first duly sworn  
(Insert Names)

by me upon his oath, says that the facts alleged in the foregoing instrument are true.  
(Seal)



1. [Signature]  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

My Commission expires: 06/16/2018

Witness my hand and official seal:

Jerrica A. Johnson  
(Notary Public or other officer authorized to administer oaths)

Title Admin Asst II

Dated: 3/10/2017

REQUIRED ATTACHMENTS:

- ☐ A statement indicating the financial condition and financial stability of the applicant W.S. 12-4-102 (a) (vi).
- ☐ Include a drawing of the dispensing room W.S. 12-5-201 (a).
- ☐ Attach any lease agreements W.S. 12-4-103 (a) (iii).
- ☐ Include a copy of the CURRENT food service permit for Restaurant or Bar & Grill Liquor License applicants W.S. 12-4-407 (a) or 12-4-413 (a).
- ☐ If transferring a license from one ownership to another, a form of assignment from the current licensee to the new applicant authorizing the transfer W.S. 12-4-601 (b).

ADVERTISING REQUIREMENTS W.S. 12-4-104(a):

When an application for a license, permit, renewal or any transfer of location or ownership thereof has been filed with a licensing authority, the clerk shall promptly prepare a notice of application, place the notice conspicuously upon the premises shown by the application as the proposed place of sale and public the notice in a newspaper of local circulation once a week for two (2) consecutive weeks. The notice shall state that a named applicant has applied for a license, permit, renewal or transfer thereof, and that protests against the issuance, renewal, or transfer of the license or permit will be heard at a designated meeting of the licensing authority.

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct.:		